FORM D

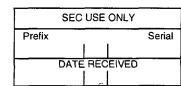
UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
Expires: No	vember 30, 2001					
Estimated averag						
hours per respon	ise 16.00					



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Carlyle Realty Partners IV, L.P.	RECEIVED CO.
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	1003 Long 1003
1. Enter the information requested about the issuer	152/59
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Carlyle Realty Partners IV, L.P. (the "Partnership")	
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o The Carlyle Group, 1001 Pennsylvania Avenue, N.W., Suite 220 South, Washington D.C. 20004	Telephone Number (Including Area Code) (202) 729-5626
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business The investment objective of the Partnership is to achieve significant capital a investment objectives, current cash yields from investments in real estate and real estate related assets.	ppreciation and, where consistent with its other
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed other (please specify):	PROCESSE
Actual or Estimated Date of Incorporation or Organization: Month Year	THOMSON
GENERAL INSTRUCTIONS	TIVANCIAL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:										
• Each promoter of th	• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
· ·	er and director of cor	norate issuers and of co	ornorate general and managi	ng nartners of nartners	hin issuers: and					
	 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individual) The Carlyle Group										
Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylvania Avenue, N.W., Suite 220 South, Washington D.C. 20004										
Check Box(es) that Apply:										
Full Name (Last name first, if individ	ual)	-								
Carlyle Realty IV, L.P. (the "Gener	al Partner of the Pai	tnership" or "CR IV	")							
Business or Residence Address (Num	ber and Street, City, S	tate, Zip Code)								
c/o The Carlyle Group, 1001 Penns	ylvania Avenue, N.W	., Suite 220 South, W	ashington D.C. 20004							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individ Carlyle Realty IV GP, L.L.C. (the "	,	CR IV" or "CR IV GI	P")							
Business or Residence Address (Num c/o The Carlyle Group, 1001 Penns			ashington D.C. 20004							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner*					
Full Name (Last name first, if individ	ual)			-						
TC Group, LLC (the "Managing M	lember of CR IV GP	or "TC Group")								
Business or Residence Address (Num c/o The Carlyle Group, 1001 Penns		, -	ashington D.C. 20004							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner*					
Full Name (Last name first, if individ	ual)									
TCG Holdings, LLC (the "Managir	ng Member of TC Gi	oup" or "TCG Holdi	ngs, LLC")							
Business or Residence Address (Num	, ,,	, .								
c/o The Carlyle Group, 1001 Penns	ylvania Avenue, N.W	., Suite 220 South, W	ashington D.C. 20004							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner**					
Full Name (Last name first, if individ Conway, William E. (of TCG Holdi										
Business or Residence Address (Number and Street, City, State, Zip Code) c/o The Carlyle Group, 1001 Pennsylvania Avenue, N.W., Suite 220 South, Washington D.C. 20004										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner**					
Full Name (Last name first, if individual) D'Aniello, Daniel A. (of TCG Holdings, LLC)										
Business or Residence Address (Number and Street, City, State, Zip Code) c/o The Carlyle Group, 1001 Pennsylvania Avenue, N.W., Suite 220 South, Washington D.C. 20004										
* Managing Member ** Managing Director	-									

		A. BASIC IDENT	TFICATION DATA		<u> </u>					
2. Enter the information re	2. Enter the information requested for the following:									
 Each promo 	ter of the issuer, if the	issuer has been organized wi	thin the past five years;							
 Each beneficissuer; 	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the									
 Each execut 	ive officer and directo	r of corporate issuers and of o	corporate general and manag	ging partners of partr	nership issuers; and					
Each genera	Each general and managing partner of partnership issuers.									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner**					
Full Name (Last name first, if Rubenstein, David M. (of To										
Business or Residence Address (Number and Street, City, State, Zip Code) c/o The Carlyle Group, 1001 Pennsylvania Avenue, N.W., Suite 220 South, Washington D.C. 20004										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Business or Residence Address	ss (Number and Street	City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)			_						
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	findividual)									
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	findividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
* Managing Member ** Managing Director										

					D IN	JEODAI A TI	ION ADOL	T OFFFDI	NC					
B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE 2. What is the minimum investment that will be accepted from any individual? *The General Partner reserves the right to accept lower amounts. 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) NA Business or Residence Address (Number and Street, City, State, Zip Code)							YES \$ 5,000 YES	NO ,000* NO						
N.		-	<u> </u>											·
Name o	f Associated	Broker of	r Dealer											
States in	Which Pers	on Lietad	Has Solicite	ed or Intend	s to Solicit	Purchacara								
Juico II						rurcnasers						l States		
[AL]	[AK]	All States	[AR]	[CA]	(CO)	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	I States		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	{OK] • [WI]	[OR] [WY]	[PA] [PR]		
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	,	,												
Busi	ness or Resi	dence Add	lress (Numb	er and Stree	et, City, Star	te, Zip Code)							
Nam	e of Associa	ted Broke	r or Dealer											<u> </u>
States	in Which Po	erson Liste	ed Has Solic	ited or Inte	nds to Solic	it Purchasers	s						_	
	All States" of										All	States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
`	me (Last nai					. ,								
Bus	iness or Res	idence Ad	dress (Num	ber and Stre	et, City, Sta	ate, Zip Code	e)	<u> </u>					· · · · · ·	
Nan	ne of Associ	ated Broke	er or Dealer											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
	c"All States						******	***************				All States	3	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[НП]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	-	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	OCI	EEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the				
	columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate		Amount
	Debt	O \$	ffering Price -0-	\$	Already Sold -0-
	Equity	\$	-0-	\$	-0-
	Common Preferred	<u> </u>			
		<u> </u>	-0-	\$	-0-
	Convertible Securities (including warrants) Partnership Interests	\$			63,100,000
	Other (Specify)	\$		\$	-0-
	Total			-	63,100,000
	Associated Associated Association and Associat				
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total line. Enter "0" if answer is "none" or "zero."				
	Accredited Investors		Number Investors	\$	Aggregate Dollar Amount of Purchases 63,100,000
	Non-accredited investors	_	Number Investors 14 -0- NA Type of Security NA NA		-0-
	Total (for filings under Rule 504 only)	_	Investors 14 -0- NA Type of		NA
		_			
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering				Dollar Amount
	Rule 505		•	\$	Sold NA
	Regulation A			\$. NA
	Rule 504		NA	\$	NA
	Total	_	NA	\$	NA
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			- 1 - 1 - 1	
	Transfer Agent's Fees		🖂	\$	-0-
	Printing and Engraving Costs		🖂	\$	-0-
	Legal Fees		🖂	\$	375,000
	Accounting Fees.		🖂	\$	-0-
	Engineering Fees		🖂	\$	-0-
	Sales Commissions (specify finders' fees separately)		🖂	\$	-0-
	Other Expenses (identify) _misc.		🛛	\$	97,085
	Total		🖂	\$	472,085

expense furnished in response to Part C - C	gate offering price given in response to Part C - Question 1 and to Question 4.a. This difference is the "adjusted gross proceeds to	the	\$ 599,527,915
purposes shown. If the amount for any pu	gross proceeds to the issuer used or proposed to be used for earpose is not known, furnish an estimate and check the box to t listed must equal the adjusted gross proceeds to the issuer se	he left of	
		Payments to Officers Directors & Affiliates	
Salaries and fees		<u> \$ -0-</u>	S0-
Purchase of real estate		<u>s -0-</u>	\$0
Purchase, rental or leasing and installation of	of machinery and equipment	🛛 💲 -0-	\$ -0-
Construction or leasing of plant buildings as	nd facilities	× s -0-	
Acquisition of other businesses (including t			
offering that may be used in exchange for the		🛛 💲 -0-	abla
			<u> </u>
Repayment of indebtedness			<u>\s</u>
Working capital		<u>\$ -0-</u>	\(\s0-
Other (specify) Portfolio Investments		S0-	\$ 599,527,915
		<u>\so</u>	<u> </u>
Column Totals		🛛 💲 -0-	\$ 599,527,915
Total Payments Listed (column totals added	i)	🛮 🖂 🖫	599,527,915
	D. FEDERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·	<u> </u>
The issuer has duly caused this notice to be signed	by the undersigned duly authorized person. If this notice if file	l under Rule 505, the follo	owing signature constitutes
	Securities and Exchange Commission, upon written request of it		
Issuer (Print or Type)	Signature,)	Date 1/2 5/6	· C
Carlyle Realty Qualified Partners IV, L.P.		01/25/0	25
Name (Print or Type)	Title of Signer (Print or Type)		As as as
Daniel A. D'Aniello	The Managing Director of TCG Holdings, LLC		
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			n San yan

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001). $$^{5}\,{
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